

*Please complete all pages of this application and return it  
no later than fourteen (14) calendar days prior to your event.*

**City of Waukegan – City Collector**

Licensing and Collections – First Floor  
100 N. Martin Luther King Jr. Avenue  
Phone: (847) 599-2997 | Fax: (847) 599-2821  
[jorge.torres@waukeganil.gov](mailto:jorge.torres@waukeganil.gov)

**PART ONE**

1. Event Name: \_\_\_\_\_

2. Event Date(s): \_\_\_\_\_

3. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

4. Event Location: \_\_\_\_\_

(Please provide a site plan of the location and the activities that will take place.)

5. Give a brief description of event: \_\_\_\_\_

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6. Estimated Attendance: \_\_\_\_\_

7. Are you requesting any street closures? ☐ Yes ☐ No

If Yes, provide name of streets: \_\_\_\_\_

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## PART TWO

1. Name of Sponsoring Organization: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_
2. Contact Person or Organizer's Name: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PART THREE

1. Will food, merchandise and/or alcoholic beverages be served or sold at the event?

**Food:** ☐ Yes ☐ No

**Merchandise:** ☐ Yes ☐ No

**Alcoholic Beverages** ☐ Yes ☐ No

*If yes, what type of alcoholic beverages?*

*Please provide name, address and phone number of all vendors including food, beverage and merchandise.*

2. Will there be exhibitors? ☐ Yes ☐ No

If yes, what type of exhibitors: \_\_\_\_\_

*(If you answered "Yes" to any of the above questions, you must apply for and receive the appropriate license(s) and insurance. Contact the City Collector at (847) 599-2997 for further information. Please see Chapter 14 of the City Ordinance Code. )*

3. Will there be music? ☐ Yes ☐ No

If yes, will music be electronically amplified? ☐ Yes ☐ No

4. Please submit plans for event security including number, hours and location of security personnel deployment.

5. Bond: *Choose one*

☐ Our bond company certificate number is: \_\_\_\_\_

☐ In lieu of bond, as applicant I/we will prepay for city services. I/we understand the amount is to be determined by the Development Review Board per ordinance.

6. Please complete and sign attached Indemnification and Reimbursement Agreement.

7. Please attach site plan with parking allotment for your event.

## **PART FOUR**

**Do you anticipate needing any of the following City of Waukegan services?**

1. Public Works: ☐ Yes ☐ No

Describe what is needed: \_\_\_\_\_

2. Police: ☐ Yes ☐ No

Describe what is needed: \_\_\_\_\_

3. Fire/Rescue: ☐ Yes ☐ No

Describe what is needed: \_\_\_\_\_

4. Other: ☐ Yes ☐ No

Describe what is needed: \_\_\_\_\_

## ACKNOWLEDGEMENT AND ACCEPTANCE

I have read the City of Waukegan Parade, Public Assembly and Outdoor Special Events Ordinance (Ord. 08 – O – 30) and I agree to abide by all its terms and conditions. I understand that city services will be provided until all fees and costs are paid in advance or a bond covering the anticipated cost of City of Waukegan services is provided.

*The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**If you have any questions, please contact Jorge Torres, City Collector. He may be reached by phone at (847) 599-2997 or by e-mail at [jorge.torres@waukeganil.gov](mailto:jorge.torres@waukeganil.gov).**

FOR OFFICE USE ONLY		
Date Application Received:		
Was the application filed seven (14) days prior to event date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the Development Review Board waived the permit fee and/or requirement for Certificate of Insurance pursuant to an application for the same under Sec. 15-206 of the ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECTED COSTS AND RELATED TASKS		
Department	Department Signature	Costs
Special Events		
Police		
Public Works		
Fire / Rescue		
CHECKLIST		OSE APPROVAL DATE
Flyer included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Map included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bond or Prepaid Costs?	<input type="checkbox"/> Bond <input type="checkbox"/> Prepaid	
Indemnification & Reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waiver of Financial Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## INDEMNIFICATION AND REIMBURSEMENT **AGREEMENT**

This Indemnification and Reimbursement Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_, applicant, for a permit for a parade, public assembly or special event and the City of Waukegan.

In accordance with the requirements of the City of Waukegan Parade, Public Assembly and Special Events Ordinance (Ord. 08-O-30), and in consideration for the issuance of a permit for such event by the City of Waukegan and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, \_\_\_\_\_ (hereinafter also "Applicant") agrees as follows:

1. \_\_\_\_\_ agrees to indemnify, defend and hold harmless the City of Waukegan, and its respective officers, agents and employees from and against any and all injuries, liabilities, losses, damages, costs, payments and expenses of every kind and nature (including court costs and reasonable attorney's fees) and any claims, demands, actions, suits, proceedings, judgments, or settlements related thereto relating to or occurring in connection with the issuance of a permit for a parade, public assembly, or special event to be held as specified in the application filed with the City of Waukegan by the applicant. This indemnification shall also inure to the benefit of the City of Waukegan in conjunction with any costs resulting from or proximately caused by the action of the applicant, the holder of the permit for the event or any person under his, her or its direction or control.

**INDEMNIFICATION AND REIMBURSEMENT**  
**AGREEMENT**

2. Applicant also agrees to pay all incremental expenses and costs chargeable to him, her or it, under the terms of the city's Parade, Public Assembly and Special Events Ordinance (Ord. 08-O-30). (Sec. 15-201, et seq)

*In witness whereof, the applicant has signed, sealed and delivered this instrument on the date it bears.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**[SEAL]**

Attest: (If Corporation)

\_\_\_\_\_  
Authorized Corporate Officer

**WAIVER OF FINANCIAL REQUIREMENTS**  
**Department of Licensing and Collections**

**Date:** \_\_\_\_\_

To:  
City of Waukegan  
Outdoor Special Event Board

\_\_\_\_\_ [name of applicant/organization] in conjunction with its application for a Parade, Public Assembly or Special Event Permit from the City of Waukegan, hereby makes application for a waiver of the financial requirements of the City's ordinance (Ord. 08-0-30) governing those events and in support thereof states under oath as follows:

1. The proposed parade, public assembly or outdoor special event is protected by the First Amendment of the United States Constitution.
2. The city's requirement to pay a: \_\_\_\_\_ permit application fee \_\_\_\_\_ bond \_\_\_\_\_ provide a certificate of insurance and/or sign an indemnification and reimbursement agreement would be so financially burdensome that it would preclude the undersigned from conducting the proposed parade, public assembly or outdoor special event.
3. Attached is the financial information form which will allow the Outdoor Special Event Board to determine burdensome effect.

*I hereby certify that all the information contained in this Application for Waiver of Financial Requirements and also all supporting information submitted herewith is true and correct.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_  
Notary Public

(seal)

# **WAIVER OF FINANCIAL REQUIREMENTS**

## **Department of Licensing and Collections**

### **SUPPORTING FINANCIAL INFORMATION**

Under the City of Waukegan Parade, Public Assembly and Outdoor Special Events Ordinance (Ord. 08-O-30), you may qualify for a waiver of the financial requirements of the ordinance, if your activity is protected by the First Amendment to the United States Constitution, and your household income is less than the threshold amount set forth below, or, if the applicant is an organization, it is a registered 501(c)(3) not-for-profit corporation. Please fill out this form completely.

### **INDIVIDUALS**

Applicants that are individuals (not corporations) fill out this table as follows:

Circle your household size on the first line. Look at the number in the box below it. If you make more mark "more" in that column only. You should have only one "X" on the chart.

Circle household size							
1	2	3	4	5	6	7	8
Household income for the last calendar year by size:							
\$36,750	\$42,000	\$47,250	\$52,500	\$56,700	\$60,900	\$65,100	\$69,300
Make <b>LESS (X)</b>							
Make <b>MORE (X)</b>							

If you make less than the income figure for your household size in the chart above, complete the rest of the application below. If not, you do not qualify for a waiver and must comply with all the financial requirements of the ordinance.

Name of applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Total Household Income: \_\_\_\_\_

The following documentation must be submitted to qualify for assistance:  
your most recently filed tax return.

### **CORPORATIONS OR GROUPS**

Are you a registered 501(c)(3) corporation? ☐ Yes ☐ No

If yes, please attach most recent 990 filing. If no, describe the nature of your group. Attach sheets.